

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51	
2			1				52	
3				1			53	
4				1			54	
5			1				55	
6				1			56	
7		2		2			57	
8		1		1			58	
9		1		1			59	
10		1		1			60	
11		1		1			61	
12		1		1			62	
13		1		1			63	
14		1		1			64	
15		1	1				65	
16				1			66	
17	1		1				67	
18	1		1				68	
19	1		1				69	
20		1		1			70	
21			1				71	
22			1				72	
23							73	
24							74	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		9				TOTAL IND.	
TOTAL DEP.		2		2			TOTAL DEP.	
TOTAL	1	2	9	2			TOTAL	

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